

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000000672**

1. Entity Name

**UNIVERSITY OF FLORIDA HEALTH SERVICES, INC.**

Principal Place of Business

**1600 SW ARCHER ROAD  
ROOM N1-7  
GAINESVILLE FL 32610-0185  
US**

Mailing Address

**P.O. BOX 100185  
GAINESVILLE FL 32610-0185  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3301787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BERNARD, PAMELA J  
207 TIGERT HALL  
UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32611**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	FRANK, ROBERT G	
STREET ADDRESS	PO BOX 100185 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	

TITLE	D	<input type="checkbox"/> Delete
NAME	GAINTER, J R M.D.	
STREET ADDRESS	P.O. BOX 100326 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32610-0326	

TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, CHARLES E	
STREET ADDRESS	226 TIGERT HALL, BOX 113150	
CITY-ST-ZIP	GAINESVILLE FL 32611	

TITLE	D	<input type="checkbox"/> Delete
NAME	BERNS, KENNETH I.	
STREET ADDRESS	P.O. BOX 100215 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32610-0215	

TITLE	DST	<input type="checkbox"/> Delete
NAME	GARRIGUES, ROBERT	
STREET ADDRESS	PO BOX 100185 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32610-0185	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, CAROLYN	
STREET ADDRESS	115 N.E. 8TH AVE	
CITY-ST-ZIP	OCALA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90063 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)